



STATE OF WASHINGTON APPLICATION FOR ALIEN FIREARM LICENSE

DEPARTMENT OF LICENSING
FIREARMS DESK
PO BOX 9649
OLYMPIA, WA 98507-9649

001-070-236-0003

Last Name _____ First _____ Middle _____

List any other names by which you have been known _____

Residential Address _____ City _____ State _____ Zip _____

Have you been a resident of Washington State for the last consecutive 24 months? Yes _____ No _____

Date of Birth _____ Birthplace _____ Phone no. _____
MO DAY YR OPTIONAL

Race _____ Sex _____ Weight _____ Height _____ Eyes _____ Hair _____ Dr. Lic./ID # _____

List type and location of all marks, scars or tattoos _____

ANSWER THE FOLLOWING WITH "YES" OR "NO"

1. Have you ever been convicted in adult court or adjudicated in a juvenile court, in this state or elsewhere of one of the prohibitive crimes described on the back of this form? _____
2. Are you now on bond or personal recognizance pending trial, appeal or sentence for any felony offense? _____
3. Are you the subject of an outstanding arrest warrant from any court for any crime? _____
4. Have you been convicted of three or more violations of Washington's firearms laws within any five-year period? _____
5. Have you had a firearm forfeited in the last five years for a drug or alcohol incident pursuant to RCW 9.41.098 (1) (e)? _____
6. Are you under a court order or an injunction concerning the possession of a firearm? _____
7. Is your concealed pistol license, if any, in a revoked status? _____
8. Have you ever been confined in a mental health facility for more than 14 days for treatment, or committed as criminally insane? _____

If you answered yes to any of the above eight questions, but believe you are nonetheless eligible for a license, attach a list of dates and circumstances including copies of any applicable pardons, certificates of rehabilitation, or court orders.

Note: A signed application shall constitute a waiver of confidentiality and written request that the Department of Social and Health Services, as well as mental health institutions and other health care facilities, release information relevant to the applicant's eligibility for a concealed pistol license to an inquiring court or law enforcement agency.

I certify, or declare under penalty of perjury under the laws of the State of Washington, that the foregoing is true and accurate.

Signed _____ Date _____



WASHINGTON STATE PROHIBITIVE CRIMES

1. Any felony offense committed in this state or elsewhere.
2. Any of the following crimes when committed by one family or household member against another, committed on or after July 1, 1993:
 - Assault in the fourth degree
 - Coercion
 - Stalking
 - Reckless endangerment in the second degree
 - Criminal trespass in the first degree
 - Violation of the provisions of a protection order or no-contact order restraining the person or excluding the person from a residence.

Caution: Although state and local laws do not differ, federal law and state law on the possession of firearms differ. If you are prohibited by federal law from possession of a firearm, you may be prosecuted in federal court. A state license is not a defense to federal prosecution. Federal law additionally prohibits the receiving of a firearm by persons who are unlawful users of, or addicted to, narcotics or other controlled substances; persons of unsound mind, adjudicated as mentally defective, or who have been committed to a mental institution. Federal law also prohibits persons receiving firearms who have been dishonorably discharged from the Armed Forces, aliens illegally or unlawfully in the U.S., or anyone convicted of, or under indictment for a felony crime punishable by imprisonment for a term exceeding one year, to the extent that the law of the state of conviction bars possession of a firearm. Local laws and ordinances on firearms are preempted by state laws and must be consistent with state law.

LOCAL LAW ENFORCEMENT USE ONLY

DATA BASE	DATE	CHECKED BY
<input type="checkbox"/> NCIC III	_____	_____
<input type="checkbox"/> WARRANT FILE	_____	_____
<input type="checkbox"/> DOL F/A FILE	_____	_____
<input type="checkbox"/> DSHS	_____	_____
<input type="checkbox"/> LOCAL CHECK	_____	_____
<input type="checkbox"/> Approved	<input type="checkbox"/> Denied	By _____ Date _____